

Beeler Construction	
Site Specific Respirable Crystalline Silica Exposure Control Plan	
Date Control Plan Completed:	Company: Beeler Construction
Superintendent (Competent Person):	Project:
Project Manager:	Job #:
Work Start Date:	Duration: _____ <input type="checkbox"/> Days <input type="checkbox"/> Weeks <input type="checkbox"/> Months
Work Scope Description:	
PRIMARY SILICA CONTROL OPTIONS <i>(Describe method)</i>	
Substitution Controls: <i>(example: using procedures or products that do not create silica; must review SDSs)</i>	
Describe:	
Engineering controls <i>(Check all that apply and describe):</i>	
<input type="checkbox"/> Vacuuming <input type="checkbox"/> Water/Wetting <input type="checkbox"/> Ventilation <input type="checkbox"/> Isolation/Containment <input type="checkbox"/> Other	
Describe:	
Administration controls <i>(Check all that apply and describe):</i>	
<input type="checkbox"/> Barricading/signage <input type="checkbox"/> Worker Rotation <input type="checkbox"/> Other	
Describe:	
SECONDARY SILICA CONTROL OPTIONS <i>(check all that apply)</i>	
Personal Protective Equipment (PPE):	
Always Required: <input type="checkbox"/> Hard Hat <input type="checkbox"/> Safety Glasses <input type="checkbox"/> Gloves <input type="checkbox"/> High Vis <input type="checkbox"/> Work Boots <input type="checkbox"/> Hearing Protection	
Other:	
<input type="checkbox"/> Face shield	
<input type="checkbox"/> Coveralls/Tyvek Suit	
<input type="checkbox"/> Respirator: <input type="checkbox"/> Not Required (N/A)	
<input type="checkbox"/> Filtering Facepiece (Dust Mask)	Filter Type: _____ Fit Test Confirmed?: <input type="checkbox"/> Yes
<input type="checkbox"/> Half Mask	Filter Type: _____ Fit Test Confirmed?: <input type="checkbox"/> Yes
<input type="checkbox"/> Full Face	Filter Type: _____ Fit Test Confirmed?: <input type="checkbox"/> Yes
<input type="checkbox"/> PAPR	Filter Type: _____ (No Fit Test Required)
Hygiene and Decontamination Options: <i>(check all that apply)</i>	
<input type="checkbox"/> Water/Washing Facilities Available	
<input type="checkbox"/> Vacuuming Clothing	
Housekeeping:	
<input type="checkbox"/> Wet sweeping	
<input type="checkbox"/> Vacuuming with HEPA vacuum	
<input type="checkbox"/> Crew aware of proper HEPA vacuum use and filter change-out procedure	
<i>Note: Compressed air and dry sweeping will not be used unless no other option is available.</i>	
Ventilation Safety Checklist: <i>(check all that apply)</i>	
<input type="checkbox"/> N/A - additional ventilation is not needed	
<input type="checkbox"/> Makeup air free of possible contaminants	
<input type="checkbox"/> Ventilation fan with HEPA for negative pressure	
<input type="checkbox"/> Fans for ventilation system not stirring up dust	
<input type="checkbox"/> Discharge air is not affecting others	
<input type="checkbox"/> Enclose silica task (enclosure completely contains dust)	
<i>Note: avoid use of dilution fans within an enclosed work area due to the fan's discharge end stirring up excess dust.</i>	
Superintendent/Competent Person (signature):	Date: